VACCINE MANAGEMENT POLICY TEMPLATE FOR VFC & 317 PROVIDERS

Created on 9/18/2012 Updated on 11/17/2016

TEL:	FAX:	
	VACCINE MANAGEMENT	POLICY
I. *ALL VACCINES A	RE MANAGED BY:	
a) Vaccine Coord	linator*	
(1) Name of	of Annual Education Taken:	Date:
b) Vaccine Backu	ıp Coordinator	
(1) Name of	of Annual Education Taken:	Date:
	ors should be on-site during the majority arily responsible for managing vaccines	of the office's operating hours. They are

II. STORAGE AND HANDLING

- Food or beverages are NOT to be stored in vaccine storage units.
- Vaccines are stored centrally in the refrigerator or freezer, <u>NOT</u> on the door, in crisper bins, or on the floors of the storage unit. **DORM STYLE REFRIGERATORS ARE NOT PERMITTED.**
- Check and document refrigerator and freezer temperatures twice a day once in the morning and once at the end of the day.
- Temperature logs are kept on file for a minimum of 3 years. Each log shall record the signature/ initials of the person taking the temperatures and the time temperatures were recorded.
- Immediate action is taken to correct storage temperatures that are outside the recommended ranges.
- Mishandled vaccines should NOT be administered (label them "DO NOT USE" and store them separately in the storage unit)
- Proper temperatures:
 - (1) Refrigerator temperature: 2°C to 8°C (36°F to 46°F)
 - (2) Freezer temperature: -15°C to -50°C (5°F to -58°F).
- A sign is on the refrigerator door showing which vaccines should be stored in the refrigerator and which should be stored in the freezer.
- Maintain frozen water bottles in the freezer and filled plastic water bottles in the refrigerator to keep the unit temperature stable and cooler during a power failure.
- Place a "DO NOT UNPLUG" sign next to the refrigerator/freezer electrical outlet and on the circuit breaker.

III. ORDER, INVENTORY, & STOCK ROTATION:

- Vaccine inventory is maintained on NJIIS/IMODS:
 - (1) Vaccine name and number of doses received.
 - (2) Date the vaccine was received.
 - (3) Arrival condition of the vaccine.
 - (4) Vaccine manufacturer NDC code and lot number.
 - (5) Vaccine expiration date.

- Upon receipt of a vaccine shipment, providers must:
 - (1) Open vaccine packages immediately,
 - (2) Check temperature monitor reading,
 - (3) Inspect vaccine and packaging for damage,
 - (4) Determine length of time the vaccine was in transit by looking at packaging list,
 - (5) Compare the vaccine received with the vaccine products that appear on the packing list,
 - (6) Immediately store at appropriate temperature, and
 - (7) Claim shipment in NJIMODS
- CHECK VACCINE INVENTORY WEEKLY.
- VACCINES ARE ORDERED: MONTHLY BI-MONTHLY QUARTERLY AS-IS.
- VFC vaccines are clearly labeled and separated from private vaccines.
- Vaccine supply is stocked and rotated so vaccines that expire first are used first, before using vaccines with later expiration dates.

IV. STORAGE UNITS, & THERMOMETERS

Provider Storage Capacity

All providers must have the appropriate equipment to store VFC vaccine. Based on the examples below, please indicate which refrigerator and/or freezer unit(s) best resembles the unit(s) found in your practice, along with the number of units in your practice:

Stand Alone Refrigerator (NO FREEZER COMPARTMENT) Is your stand-alone refrigerator pharmacy grade or purpose built for vaccine storage? YES NO		Freezer Chest or Stand Alone Freezer Is your stand-alone freezer pharmacy grade or purpose built for vaccine storage? YES NO Is it frost free? YES NO	
Household Combination Refrigerator / Freezer Is your household combination refrigerator/freezer used to store frozen vaccines?	CDC recommends that providers have stand-alone, frost free pharmaceutical-grade refrigeration and freezer units.		

Thermometers (as of 2018, all thermometers must be data loggers)

NIST Cert #:

Type: ☐ Data Logger ☐ Digital MIN/MAX ☐ Other	
NIST Cert #:	Expiration Date:
Type: ☐ Data Logger ☐ Digital MIN/MAX ☐ Other	
NIST Cert #:	Expiration Date:
Type: Data Logger Digital MIN/MAX Other	

Expiration Date:_____

	Thermometers (Continued)			
	Type: Data Logger Digital MIN/MAX Other			
	NIST Cert #: Expiration Date:			
	Back- Up Thermometer			
	Type: Data Logger Digital MIN/MAX Other			
	NIST Cert #: Expiration Date:			
' .	PROCEDURES FOR VACCINES RELOCATION DURING POWER OUTAGE			
	 Call the power company to determine the length of the power outage. 			
	i) Company:			
	ii) Emergency Contact Number:			
	iii) Account Number:			
	Person in charge of vaccine relocation:			
	i) Name:			
	ii) Call:			
	iii) Home:			
	Temporary Location of Vaccines:			
	i) Contact Person:			
	ii) Address:			
	iii) Phone Number:			
	iii) i none ilambei.			
I.	RECORD THIS INFORMATION DURING POWER FAILURE:			
	Refer to Emergency Response Worksheet at: http://www.immunize.org/catg.d/p3051.pdf			
	Temperature of refrigerator: current max min			
	Temperature of freezer: current max min Air temperature of room where refrigerator is legated:			
	 Air temperature of room where refrigerator is located: Estimated amount of time the unit temperature was outside of normal range: 			
Refrigerator Freezer				
	 Log all vaccines in the refrigerator/freezer during the event. Include number of doses, lot 			
	number & manufacturer, and expiration date of all vaccines.			

VII. AFTER A POWER SHORTAGE AND/OR TEMPERATURE EXCURSION, WHAT ACTIONS SHOULD I TAKE?

- If you have experienced a power shortage or a rise in unit temperatures and have questions about the viability of your VFC/317 vaccine, please complete the following steps:
 - (1) Store the questionable vaccine in a working refrigerator or freezer for Varivax/ProQuad.
 - (2) Mark the questionable vaccine with a note reading "DO NOT USE" and clearly separate from any viable vaccine.
 - (3) Contact the New Jersey VFC Program.

VIII. WHAT INFORMATION SHOULD I GATHER TO DETERMINE VACCINE VIABILITY?

- i) What circumstances have occurred for you to question vaccine viability?
- ii) Which VFC/317 vaccines were involved? Please include:
 - (1) Number of doses
 - (2) Lot number, manufacturer, and expiration date.
- iii) What was the maximum temperature observed?
- iv) How long was the vaccine exposed (hours) to the above temperature?
- It is our office's responsibility to contact the vaccine manufacturers to determine if vaccine exposed to out of range temperature is viable.
- Please document phone calls to manufacturers in detail and obtain viability documentation with the studies and that support their decision.

WHEN IN DOUBT, NEVER THROW VACCINES OUT!

IX. WHAT SHOULD I DO WITH WASTED/EXPIRED VACCINE?

- <u>EVERY DOSE OF EXPIRED OR WASTED VFC VACCINE MUST BE RETURNED TO MCKESSON.</u>
- A UPS mailing label will be sent via email from McKesson once requested through NJIIS or IMODS.
 Click on the link on the left menu titled "Waste Return Label". It may take up to 4 weeks to receive the label.
- Broken vials & syringes, syringes without caps, and partially used multi-dose vials should not be returned to McKesson, but still must be entered on the Vaccine Return Voucher (IMM-39).
- Enclose a copy of the Vaccine Return Voucher (IMM-39) form in the box sent to McKesson. Keep a copy for your own records
- Once you have reported wasted/expired vaccine on the IMM-39, transact the doses out of your online inventory in IMODS.

X. CONTACT INFORMATION

New Jersey Vaccines for Children Program P.O. Box 369 Trenton, NJ 08625 **VFC CUSTOMER SERVICE:**

Phone: 609-826-4862 Fax: 609-826-4868 Email: vfc@doh.nj.gov

Additional Resources: CDC Storage & Handling Toolkit

(http://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/index.html)

Immunization Action Coalition

(www.immunize.org)

XI. STAFF TRAINING

All staff members who administer or handle vaccines in any way must be trained on all elements of this plan including proper storage and handling of vaccines. For any staff that was trained via provider led in-service, attach documents of training content to this plan.

Print Staff Member's Full Name	Name of Training Attended (You Call the Shots, Understanding VFC, Provider In-Service)	Date of Training				
	Trovider in Service)					
By completing this document, my site accepts and agrees to implement this Vaccine Management Policy and train staff annually on storage and handling practices						
		/accine Coordinator				
		Date				
		Medical Director				
		Date				